



## CITY OF MISHAWAKA



### NOTICE TO CANDIDATES

In order for us to properly process your application, you must furnish the following documents:

1. DD Form 214 (Service in Armed Service), if applicable
2. High School Diploma or GED Diploma
3. High School & College Transcripts
4. Copy of Birth Certificate
5. Copy of valid Driver's License

All applications will be picked up and returned in person.

The applicant must print this form in ink.

You are hereby advised that should you fail to meet any of the following minimum requirements, your application will not be processed further.

1. Fire Department Written Examination
2. Physical Agility Test
3. Polygraph Examination
4. Criminal History Check
5. Background Investigation
6. Valid Driver's License

After successfully passing the above requirements and having been offered a position with the Mishawaka Fire Department, you must successfully pass the following tests below for appointment to the department:

1. Psychological Evaluation
2. Doctor's Physical Exam/Vision Requirements

Each applicant who fails to meet the minimum requirements will be informed in writing of such result.

**FOR QUESTIONS OR FURTHER INFORMATION, PLEASE CONTACT:**

Human Resources Department  
600 East Third Street  
Mishawaka, Indiana 46544  
(574) 258-1615

**REQUIREMENTS FOR  
MISHAWAKA FIRE DEPARTMENT  
FIREFIGHTER APPLICANTS**

**A. RESIDENCY** – upon appointment to the Mishawaka Fire Department

1. You must reside within St. Joseph County or a county contiguous with St. Joseph County.
2. You must have adequate means of transportation to get to work.
3. You must have in your residence, and listed with this department, a telephone that will allow communications between you and the department.

**B. AGE**

You must meet the age requirements established by Indiana Law.

**C. DRIVER'S LICENSE AND RECORD OF GOOD DRIVING**

Each applicant must have a valid driver's license and good driving record.

**D. PHYSICAL CONDITION RELATED TO FIREFIGHTER PERFORMANCE**

1. Able to perform all the essential physical requirements of a firefighter.
2. In addition, you must pass the Mishawaka Fire Department physical agility test to demonstrate your ability to perform certain job-related physical activities.

**E. ACADEMIC ABILITIES**

1. High School diploma or GED diploma
2. Ability to read and write the English language.
3. Ability to read and understand Fire Department manuals, and NFPA fire codes of the City of Mishawaka.
4. A general understanding of mathematics.
5. Mechanical aptitude and manual dexterity efficient to learn the use of the fire radio, vehicles, equipment, and tools related to firefighting duties.
6. You will be required to take a written test of basic skills and perform at a minimum level set by the Mishawaka Fire Department.

**F. PERSONAL ATTRIBUTES**

1. Self Motivation
2. Reliability
3. Ability to accept supervision and follow orders.
4. Ability to work with others as a team.

**G. PASSAGE OF THE FOLLOWING:**

1. Written Test
2. Physical Agility Test
3. Background Investigation
4. Oral Interviews
5. Polygraph Examination, if requested
6. Psychological Evaluation
7. Physical Exam

**H. CHARACTER AND BACKGROUND**

Because of the highly sensitive nature of firefighting work, applicants will be rejected if the background investigation reveals: current drug use or any drug dealing; a current alcohol problem; felony convictions or convictions for certain misdemeanor offenses that would adversely affect the person's credibility as a firefighter; acts of dishonesty or theft; employment history of dishonesty, tardiness or absenteeism; inability to deal effectively with the public or fellow workers; or other factors that would indicate an individual is not fit to perform the duties of a firefighter.

If you are accepted as a Fire Recruit, you will have a physical examination to determine if you meet the physical requirements for acceptance by the Pension Board, which is a requirement for being appointed as a sworn firefighter.

**YOU MUST ANSWER ALL QUESTIONS  
COMPLETELY AND TRUTHFULLY  
OR YOUR APPLICATION WILL BE REJECTED**

**APPLICATION FOR EMPLOYMENT  
WITH THE  
MISHAWAKA FIRE DEPARTMENT**

NAME \_\_\_\_\_  
Last First Middle Maiden

ADDRESS \_\_\_\_\_  
Street City State Zip Code

TELEPHONE NO. ( ) \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

MILITARY SERIAL NO. \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

**TO THE MISHAWAKA BOARD OF PUBLIC WORKS AND SAFETY**

1. I understand that my permanent appointment as a Mishawaka Firefighter is dependent upon and subject to completion of a probationary period, during which I must demonstrate my fitness and qualifications as a Fire Recruit to the entire satisfaction of the N.F.P.A. standards 1001 firefighter 1 classification.
2. I further understand that appointment is also subject to the acceptance and approval by the Fire Pension Board.
3. I further understand that, if at the end of my probationary period, I fail to qualify for permanent appointment as a member of the Mishawaka Fire Department as determined by the Fire Chief based on all requirements as a Fire Recruit, I will not be appointed to the Mishawaka Fire Department.

In signing this application, I understand that all information I have furnished and all requested attachments will be subject to investigation and that any false answers to questions on this application or given to an employee of the City, shall be grounds for rejection as an applicant or for immediate dismissal once appointed.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**RETURN APPLICATION TO:**

Human Resources Department  
600 East Third Street  
Mishawaka, IN 46544

## I. PERSONAL HISTORY

Can you perform all the essential functions of this position with or without an accommodation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If an accommodation is necessary, please state what accommodation you would need.

### A. INITIAL REQUIREMENT DATA

1. Name \_\_\_\_\_

2. Are you a U.S. Citizen? \_\_\_\_\_ Where were you born? \_\_\_\_\_

3. Your Age \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

4. Your Height (without shoes) Feet \_\_\_\_\_ Inches \_\_\_\_\_

5. Your Weight (without clothes) \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_

6. Do you have a fear of climbing or working in high places (acrophobia)? \_\_\_\_\_

7. Do you suffer from claustrophobia (fear of confined spaces)? \_\_\_\_\_

## II RESIDENTIAL HISTORY

List all your addresses for the last ten (10) years starting with your current address:

Street & No.	City, State, Zip	Date: From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## III REFERENCES

List 3 reliable persons, other than relatives, who have known you for a least 3 years.

A. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS/OCCUPATION \_\_\_\_\_

B. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS/OCCUPATION \_\_\_\_\_

C. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

BUSINESS/OCCUPATION \_\_\_\_\_

#### IV EDUCATION (Attach Transcripts)

A. High School \_\_\_\_\_

Graduation Date \_\_\_\_\_

Extracurricular activities (include part-time employment):

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B. College or Technical School \_\_\_\_\_

Name

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Address

Areas of special study \_\_\_\_\_

Graduation Date and Degree \_\_\_\_\_

Extracurricular Activities (include part-time employment):

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C. Other Education and Training: In this section, list any other vocational or technical training that you have received or any apprenticeship programs you may have been part of:

School/Location

Type of Training

Dates: From To

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D. List any special skills, training, experiences, etc., that you have acquired, including languages spoken, other than English, and degree of proficiency:

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## V. EMPLOYMENT HISTORY

Starting with your present or last regular job, list all previous jobs and give all information requested for each job. Use a separate sheet of paper if necessary.

A. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Start: Mo./Yr. \_\_\_\_\_  
Finish: Mo./Yr. \_\_\_\_\_  
Supervisor's Name/Title \_\_\_\_\_  
\_\_\_\_\_  
Salary: Start \_\_\_\_\_ Finish \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
Describe in detail the work you did: \_\_\_\_\_  
\_\_\_\_\_

B. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Start: Mo./Yr. \_\_\_\_\_  
Finish: Mo./Yr. \_\_\_\_\_  
Supervisor's Name/Title \_\_\_\_\_  
\_\_\_\_\_  
Salary: Start \_\_\_\_\_ Finish \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
Describe in detail the work you did: \_\_\_\_\_  
\_\_\_\_\_

C. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Start: Mo./Yr. \_\_\_\_\_  
Finish: Mo./Yr. \_\_\_\_\_  
Supervisor's Name/Title \_\_\_\_\_  
\_\_\_\_\_  
Salary: Start \_\_\_\_\_ Finish \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
Describe in detail the work you did: \_\_\_\_\_  
\_\_\_\_\_

D. Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Start: Mo./Yr. \_\_\_\_\_  
Finish: Mo./Yr. \_\_\_\_\_  
Supervisor's Name/Title \_\_\_\_\_  
\_\_\_\_\_  
Salary: Start \_\_\_\_\_ Finish \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
Describe in detail the work you did: \_\_\_\_\_  
\_\_\_\_\_

May we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain fully \_\_\_\_\_  
\_\_\_\_\_

## VI. MISCELLANEOUS

A. Do you have a valid driver's license? \_\_\_\_\_

If not, why not? \_\_\_\_\_

B. List all moving traffic offenses you have committed and state the nature of the charges and disposition of the cases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. MISCELLANEOUS (continued)

C. Do you agree to take a polygraph examination? \_\_\_\_\_

D. Have you had any firefighting experience? \_\_\_\_\_ Where, when? \_\_\_\_\_

E. Have you ever registered for the selective service (if eligible)? \_\_\_\_\_

F. Have you ever been in the military? \_\_\_\_\_ Branch of Service \_\_\_\_\_

Dates \_\_\_\_\_ Rank or Grade \_\_\_\_\_

Type of Discharge \_\_\_\_\_  
(Attach a copy of DD Form 214)

Are you now a member of the active reserves? \_\_\_\_\_

Present service classification \_\_\_\_\_

G. What hobbies, leisure activities and special interests do you have? \_\_\_\_\_

H. What clubs and community organizations do you belong to or have you belonged to within the past ten (10) years?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **TO THE HONORABLE BOARD OF PUBLIC WORKS AND SAFETY:**

1. I understand that the nature of this service may require the performance of duty at any time and at any place, either by day or night, whenever such duty is ordered by the Board of Public Works and Safety, the Fire Chief or other executive officer of the department.
2. I understand that this service is semi-military and require obedience without grumbling or complaint to superior officers, politeness, and respectful treatment of every officer or employee.
3. I agree to report to the Fire Chief anything unusual or prejudicial to the safety or discipline of the department, that I may observe, without discussion or mention of such business to any officer or employee or persons, and to render to the Chief of the Fire Department every aid in the performance of his duties.
4. I further understand that appointment is also subject to acceptance and approval of the medical examiner's report by the Fire Fighter's Pension Fund Board and the Board of Public Works and Safety.
5. I further understand and agree that dues for the Fire Fighter's Pension Fund shall be deducted from my pay and deposited with the treasurer of said pension fund according to the by-laws thereof.
6. I further understand and recognize the right of the Chief of the Fire Department to suspend me, without pay, for a violation of the rules or regulations pending a hearing before the Board of Public Works and Safety.
7. I understand that permanent appointment to the Mishawaka Fire Department is dependent upon, and subject to a probationary period of one year (365 days), and that during said probationary period I must demonstrate my fitness and qualifications as a firefighter to the entire satisfaction of the Board of Public Works and Safety. I further understand that, if at the end of my probationary period I have not qualified, in the opinion of the Board of Public Works and Safety, on all requirements expected of a firefighter, my appointment will not be approved and that I will submit my resignation and waive my right of recourse to a public hearing for cause.

## **NOTICE**

Notification of time and place of written examinations will be made in due time by mail. It is important, therefore, that you clearly and correctly indicate your mailing address. In the event you change your address after filing an application, you must mail to us immediately a notification of your new address.

Do not make any inquiry regarding the status of your application, as you will receive appropriate information concerning your application routinely and in due time.

**RECORDS CHECK  
GENERAL AUTHORIZATION FOR RELEASE**

I hereby authorize any and all schools, physicians, hospitals, Armed Services, employers, law enforcement agencies, credit information agencies, or any other person or organization or agency to furnish to the Mishawaka Fire Department, or its designated agent(s), any and all information, opinions, or documents which may be requested; to allow the visual inspection and copy of all reports, photographs, or other documents.

I hereby waive any objection to the release of said information and grant to the Mishawaka Fire Department, or its designated agent(s), any right I may have to said information.

I also authorize investigation of all statements made in my application for employment.

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Applicant's Signature (Full legal name)

**REFERENCE CHECK  
AUTHORIZATION AND WAIVER**

I hereby authorize all schools that I have attended and all current and past employers to furnish the City of Mishawaka my record, reason for leaving, and all past information they may have concerning me; and I hereby release them and the City of Mishawaka and its employees from all liability for any damage whatsoever arising therefrom. I also authorize an investigation of all statements made in this application. I understand that in the event of my employment with the City of Mishawaka, I shall be subject to dismissal if any of the information I have given in this application is false or if I have failed to give any material information herein requested.

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Date

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Applicant's Signature  
(Full legal name)

S) State of Indiana

S) County of \_\_\_\_\_

Before me, the undersigned, a Notary Public, for \_\_\_\_\_ County,

State of Indiana, personally appeared the above subject, \_\_\_\_\_

\_\_\_\_\_ and acknowledged the execution of the foregoing instrument

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Notary Public

Resident of \_\_\_\_\_ County

My Commission Expires:

\_\_\_\_\_

**PHYSICAL AGILITY TEST  
INFORMATION FORM**

This form must be completed and signed before you will be permitted to participate in the physical agility test given by the Mishawaka Fire Department.

I have read and understand that I will be asked to perform certain physical tasks and that I will be given specific instructions in the manner in which these tasks are to be performed. I understand that some of these tasks may consist of the following:

Ladder Climb

Hydrant Manipulation

Hose Loading

Removal of Ladder from Engine

Hose Line Extension

Smoke Ejector Raise

Hose Rope Pull

Mask Practice

I am aware of the physical effort which this test involved, and I am physically capable of participating in this test. I further understand and agree that should I fail to complete this physical agility test, I will be ineligible to participate further in the Fire Recruit examination.

**IN CASE OF AN EMERGENCY, I AUTHORIZE YOU TO CONTACT:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ or \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature  
(Full legal name)

**PHYSICAL AGILITY TEST  
WAIVER**

I understand that as an applicant to the Mishawaka Fire Department, I will be required to demonstrate my ability to meet certain departmental standards by performance of certain physical activities. I am fully aware and understand that during the course of this physical agility test, I may be injured. If I am in fact injured during the physical agility test, I agree to release and discharge the City of Mishawaka, its agents, employees, and officers from any and all liability connected with these activities and waive any rights I may have against the City of Mishawaka, and its agents and employees in connection therewith.

I also agree to indemnify and forever hold harmless the City of Mishawaka, its agents, employees and officers against and from any cause of action in law or equity which hereafter may be institutes against the City of Mishawaka or the Mishawaka Fire Department by myself or by any other person, whomsoever for the purpose of enforcing a claim for damages on account of personal injury, property damage, mental or conscious suffering, arising out of my participation in any or all of the Physical Agility Test as required under the Mishawaka Fire Department hiring procedures, Indiana State Laws, or otherwise.

I understand that this test may be strenuous and I agree to voluntarily participate in these tests.

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Witness

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Applicant's Signature  
(Full legal name)

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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Notary Public  
Resident of \_\_\_\_\_ County

My Commission Expires:

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